

Washington State Board of Health 2005 Annual Report

DRAFT

NOTE: This is a preliminary draft assembled by staff for discussion. It has not been reviewed by Board members.

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Washington State Board of Health

Annual Report 2005

[State seal]

[Always working for a safer and healthier Washington—see graphic treatment]

[PAGES 2-3]

[INCLUDE PIE CHART/CHECK WITH JULIET VANENWYCK]

An Ounce of Prevention

Headlines about the spread of avian influenza in birds—and the very real fears that a genetic mutation could lead to a major influenza pandemic in the not-too-distant future—constantly remind us of the importance of public health. The tools public health uses to prepare for and try to prevent this threat, as well as the tools it will use to respond if a human outbreak occurs, include disease surveillance, laboratory testing, epidemiology, distribution of medicines and vaccines, health education, and more. These are the same tools public health uses every day as it quietly works around the clock—and often behind the scenes—to protect the public’s health and safety from an array of threats.

Public health is about understanding and preventing disease and injury across our entire population. It is a public-private partnership that improves health by applying science to medical practice, personal behavior, and public policy. Hospitals, clinics, and other medical providers focus on delivering care to individuals; public health provides care to the entire community, helping to create healthy places to live, work, and play. Public health also serves as a resource for reliable health information and protects communities from hazards in the environment.

A hundred years ago, the average American lived to be 45. Through public health’s leadership in communicable disease prevention and control, sanitation, immunization, nutrition, and education, the average life expectancy at birth in the United States has increased dramatically to more than 77 years. Advances in preventing premature death from heart disease, cancer, stroke, and a dozen other illnesses, are among the reasons our lifespan continues to rise.

A 2002 Institute of Medicine Report, *The Future of the Public’s Health in the 21st Century*, notes that while as much as 95 percent of health care spending goes to medical care and biomedical research, “there is strong evidence that behavior and environment are responsible for more than 70 percent of avoidable mortality.” The enemies of the public’s health today include tobacco use, poor diet, lack of exercise, and environmental

pollution. That is why current public health efforts tend to focus on assuring healthy environments and promoting healthy behaviors.

At the same time, outbreaks of naturally occurring diseases, combined with concerns about bioterrorism, have increased awareness of public health's continuing efforts to confront a traditional enemy—communicable disease. Because of our growing interconnectedness in an increasingly global world, the United States and Washington face a compound threat—from new and re-emerging diseases and from diseases that have become resistant to antibiotics, as well as from the possible use of biological weapons by hostile nations, terrorists, or criminals.

The State Board of Health is committed to partnering with the citizens of Washington and with other agencies to meet these multiple challenges.

[PULLQUOTE FOR ART ON P. 2]

The work of public health is to:

- Help communities to be healthy places to live, work, and play.
- Serve as a resource for reliable health information you can use.
- Protect our communities from hazards in the environment.

[SIDEBAR]

The Board's Mission

The Board's mission is to provide statewide leadership in advancing policies that protect and improve the public's health.

This mission is achieved by:

- Reviewing and monitoring the health status of all people in Washington.
- Analyzing policies, providing guidance, and developing rules.
- Promoting system partnerships.
- Encouraging public engagement in the public health system.

A Daily Dose of Public Health

Every day, State Board of Health policies make Washington State a safer and healthier place to live, work, and play. For example,

- About 210 newborn babies are screened daily for genetic disorders, many of which could be fatal if left undiagnosed and untreated. The Board determines which disorders are included in these mandatory screenings.
- More than 5 million people enjoy safe and reliable drinking water each day due to Board rules implemented by state and local health departments.
- On a typical day, more than 2.5 million people eat in Washington State's restaurants with confidence. Board rules establish standards for restaurants, guide food safety inspection programs, and require food workers to receive training in safe food handling.
- More than 1 million children attend school each day protected against disease outbreaks. More than 160,000 children in child care facilities enjoy the same protection. That is because 95 percent of children entering child care and school are immunized against vaccine-preventable diseases identified by the Board.
- On any given night, about two-thirds of Washington State's 84,000 lodging units are occupied. Guests can sleep more soundly knowing the Board rules establish health and safety standards for "transient accommodations."
- More than 800,000 homes in this state rely on septic systems—and 30 percent of new homes. Home owners and their neighbors are protected by the Board's onsite sewage system rules.
- Though the number of swimmers each day varies widely, more than 1 million Washingtonians swim at least once a year, and some 750,000 are in the water regularly. Whether at a local pool or on family vacations to the beach, Board rules help protect water quality and assure safe facilities.

About the State Board of Health

Providing for the public's health is an essential government service. Since the beginning of statehood, the State Board of Health has played a critical role in meeting this obligation to the people. It is the only state Board mandated in the 1889 State Constitution, but the state has a long tradition of using boards and commissions to encourage citizen participation across all levels of government.

Some of these boards and commissions are advisory—they study existing policy and make recommendations for changes or implementation. Others are policy making and have oversight authority over state agencies. Still others are regulatory—they may have some of the responsibilities of the advisory and policy boards and they perform rule-making or quasi-judicial functions. All provide an important link between the public and other parts of state government, including executive agencies, the Legislature, and the Governor.

The State Board of Health has fulfilled all of these functions. Originally its members, mainly physicians selected for their medical expertise, had authority over nearly all health-related rules in this state, including things like professional practices and hospital regulation. As a policy making board, it had governing authority over many activities of the Department of Social and Health Services (DSHS), particularly the Division of Public Health (which would become the Department of Health in 1989).

In 1984, the Legislature reconfigured the Board, giving regulatory activities implemented centrally by the state over to DSHS. Activities regulated by the state but implemented jointly or exclusively by local public health remained with the reconfigured Board. These activities include many of the traditional functions of public health, such as communicable disease control and sanitation.

In short, the Legislature created a nexus for shared policy making. The Department of Health is represented by the Secretary or a designee. Local health jurisdictions are represented by a local health officer. Cities and counties are represented by elected officials. There are two slots to represent consumers. Finally, four members represent health and sanitation, assuring that the Board has access to the medical and scientific expertise it needs to make sound decisions.

Because of the highly collaborative nature of the state's public health system, the Board is as relevant today as it was more than a century ago. Today's Board divides its time between three related responsibilities—rule making, policy development, and providing a public forum through which citizens can help shape state health policy. The Board is also an active part of a network of public health agencies that work together to provide a safer and healthier Washington.

Rule Making

The Board is responsible for a wide range of health rules. These rules define a system that alerts us to new disease threats, keeps our food and drinking water safe, prevents and controls the spread of communicable diseases, ensures that our children receive

appropriate and timely health screenings and immunizations, helps ensure that septic systems don't contaminate streams and groundwater, and enhances the safety of a wide range of facilities Washingtonians use every day—pools, schools, restaurants, camps, outdoor concert venues, hotels and resorts, and more.

Policy Development

The Board's duties include recommending health policy in Washington State. Its authorizing statute empowers it to advise the Secretary of Health and "to explore ways to improve the health status of the citizenry." In recent years, the Board has increased its policy activities to help point the way to new opportunities for public health improvement.

Periodically, the Board identifies high priority areas for policy development. In the latter part of 2005, the Board concentrated on developing a strategic plan that will guide its policy work over the next several years. Although the plan won't be finalized until 2006, the remainder of this report discusses some of the policy development initiatives the Board expects to undertake.

Every two years, the Board is responsible for generating a state health report for the Governor's consideration. Once approved by the Governor, the report provides guidance to agency heads as they develop budgets and craft request legislation for the upcoming biennium. In 2005, the Board collaborated with the Governor's Office to outline a state health report that will shape priorities for the 2007–09 Biennial Budget. The Board expects to submit a proposed report to Governor Christine Gregoire in 2006.

Public Engagement

A central part of the Board's mandate is to bring the public into the policy development process. Its meetings, which are held across the state, provide a forum for public testimony on any health subject, and it regularly holds public hearings on specific topics. It takes seriously its commitment to engage stakeholders and the general public in all rule making, and state government looks to the Board to convene forums on emerging health issues such as health care access and the policy implications of emerging genetic technologies.

In all aspects of its work, the Board prides itself on encouraging collaboration. Promoting greater community and environmental health involvement in community health assessment practice, bringing together different agencies to discuss zoonoses in pets, pulling together a workgroup to establish criteria for requiring school children to receive particular vaccines, and helping convene a statewide collaborative to review HIV/AIDS policy—these are just some examples of how that attitude is reflected throughout the activities described in this report.

[SIDEBAR ON PAGE 7]

2005 Rule Reviews

- Newborn Screening
- Immunizations
- Food Worker Cards in Adult Family Homes
- Small Onsite Septic Systems
- HIV/AIDS Counseling and Testing
- HIV Name Retention
- Dead Animal Disposal
- Deceased Human Remains

[QUOTE FOR PHOTO ON P. 6]

The Board is part of a statewide network of public health agencies that are always working for a safer and healthier Washington.

Communicable Disease

Preventing and controlling communicable diseases is perhaps the most fundamental duty of public health. The Board has broad authority to make rules to control their spread, and it has specific duties related to particular diseases such as tuberculosis. The Board establishes the list of “notifiable conditions”—diseases and disorders hospitals, health care providers, and laboratories must report—and specifies immunization requirements for children entering schools or child care centers.

In 2005, the Board revamped its HIV/AIDS rules with the goal of increasing the number of people who know their status. It simplified counseling and testing standards that discouraged some health care providers from ordering tests. It also changed procedures for notifying sex and needle-sharing partners who may have been exposed. The Board is considering changes to the notifiable conditions rule that would allow the names of people with asymptomatic HIV infection to be retained confidentially. Names are now converted to code within 90 days, but coded cases will not be included in the formula the federal government uses to distribute funds to care for people with HIV/AIDS. Keeping the current system could cost care organizations in this state millions of dollars.

The Board also added varicella to the list of diseases children must be immune to if they want to attend child care or enter school. Better known as chickenpox, varicella can lead to serious complications, even death. Starting in 2006 children must be either vaccinated against this varicella, have had the disease, or receive an exemption.

[SIDEBAR]

Criteria for vaccine mandates

Many new vaccines for children and young adults are expected to be made available over the next few years. The Board will have to decide which of these vaccines should be required of children entering school and child care in Washington State. The Board believes that approaching this decision using rationale criteria is the best method for protecting the children of our state. In 2005, the Board convened an advisory group to suggest criteria, which would be the first of their kind in the country. Next year, it expects to adopt criteria and begin evaluating both existing and new vaccines against these criteria.

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Public Health Capacity

The terrorist attacks and anthrax outbreak of 2001, along with repeated threats to our health from new and re-emerging disease like SARS and, potentially, pandemic flu, underscore the importance of ensuring all Washington residents have access to a strong, integrated system of public health and health care programs.

The Board has been an active participant in discussion about ways to provide stable funding that will support a fully functioning public health system that is staffed, trained, and equipped to meet today's challenges. In the latter part of 2005, it participated in hearings of the Joint Select Committee on Public Health Financing, and will consult with the committee in 2006.

The Board continues to be part of the Public Health Improvement Partnership, along with the Washington State Department of Health, the Washington State Association of Local Public Health Officials, and the University of Washington School of Public Health and Community Medicine. Staff members participate in work groups on access, finances, communications, and standards.

In 2006, it will continue to meet with local boards of health to improve communication, engage local policy makers in public health issues, solicit input for the State Health Report, learn about local concerns, and promote local awareness of State Board of Health activities. It will also work with tribes and urban Indian groups to identify ways the Board can support their efforts to increase their public health capacity.

[PULLQUOTE UNDER ART]

“Status quo funding will not solve public health's worsening funding crisis; it will only slow the rate of system collapse. A new, stable source of funding is needed to rebuild our crumbling public health infrastructure.”

Mike Doherty, Clallam County Commissioner
April 2003 testimony

Access

The Board values community health improvement above all, and promotes universal access to a core set of services as the best way to ensure health across the population. These services begin with traditional public health interventions, but they also include personal medical services that improve health communitywide.

During 2001, the Board produced a menu of critical health and medical services that have proven to be effective in addressing community health problems. In December 2002, it approved a detailed status report on efforts to promote its evidence-based, public health approach with state health care purchasers and local health jurisdictions. And in October 2003, it endorsed health care reform that would fund universal access to core services by promoting efficiency and prioritizing services.

Assuring access to critical health services will be one of the Board's goals for its 2005–07 strategic plan. The Board will continue to promote use of the menu in policy and purchasing decisions. It will facilitate discussions that will help the public and key partners understand the benefits of pooling risks and consolidating administration for health insurance. It will encourage insurers to improve the availability, affordability, and delivery of preventive health care for children. Finally, it will explore opportunities to improve access to and utilization of preventive mental health services.

The Board will also continue to support implementation of the Public Health Improvement Partnership access standards, promote public discussion of access-related issues, and invite local officials to discuss community efforts to improve access.

Children's Health and Well Being

One of the most effective ways to assure healthy citizens and communities is to safeguard the health of children. It is critical that Washington's children have access to preventive health care that allows them to grow into healthy adults. It is also critical that they learn habits that can lead to a lifetime of healthy choices.

In 2005, the Board engaged in several children's health initiatives. It added cystic fibrosis to the list of genetic conditions for which all newborns must be screened. It also initiated a review of 16 other conditions recommended by national organizations. And it added varicella, or chickenpox, to the list of diseases included under a state law requiring immunizations for children entering school or child care (see page 8).

The Board's policy development work focused on promoting better nutrition and increased physical activity for children in school settings. Staff members worked with the University of Washington and other partners to monitor the implementation of a state requirement that school districts develop nutrition and physical activity policies—and to develop materials that could help district policies succeed. They also participated in the School Board Challenge, which rewarded districts with exemplary policies. A Board member and staff members participated in the Nutrition and Physical Activity—Policy Leadership Group, a statewide collaborative of advocacy groups, business representatives, and state agencies.

The Board's 2005–07 strategic plan calls for continuing this work under the goal of improving health by promoting healthy behaviors. The Board will continue its existing partnerships and explore opportunities to work with other organizations and the business community.

Health Disparities

The term *health disparities* describes a disproportionate burden of disease, disability, and death among a particular population or group. Many complex factors interact to produce health disparities. The Board's work in recent years has focused on one of those factors—increasing the diversity of the health care workforce.

In September 2005, state commissions representing people of color, with the support of the Governor, hosted a statewide Health Diversity Summit. The Board was one of the many organizations that helped plan the summit. Participants established several “multicultural networks” that will meet and recommend policies to help address disparities.

In November, the Legislature's Joint Select Committee on Health Disparities released its final report. The report calls on the state to create an action plan and statewide policy. It also lists ten recommendations that should be incorporated in the action plan.

In 2006 and beyond, the Board hopes to work with the state minority affairs commissions, state health agencies, the Governor, and the Legislature to promote a response to health disparities that is integrated and coordinated across state government. The Board will continue to work on health workforce diversity by promoting the recommendations in its *2001 Final Report on Health Disparities*. Two recommendations of the Joint Select Committee also relate to workforce diversity—one calls for developing a workforce that represents the state's population and one calls for collecting more data on “health care professionals, students in health professional schools, and the recipients of health services.” The Board will monitor efforts to implement the two recommendations and look for ways it might support those efforts.

Environmental Health

Throughout 2005, the Board continued to hear from members of the public and the Legislature about school environmental health concerns, especially regarding indoor air and drinking water quality. Board staff participated in an advisory committee that forwarded recommendations to the Department of Health. The Department then began preparing a discussion draft for public review. The Board will consider the proposals from the Department in 2006, after the public has had a chance to comment on the discussion draft.

The Board also completed a major overhaul of rules for small onsite sewage systems in 2005. It continued to work on a new rule for large onsite systems, and initiated a review of its rule governing the disposal of animal carcasses.

The Board's *Community Environmental Health Assessment Report*, published in 2005, continued to gain international recognition. Community health assessments are systematic ways of identifying and communicating health information. They engage community members in prioritizing and addressing health issues. Former Board policy analyst Marianne Seifert presented the report in Australia, and she and former Board Member Carl Osaki, discussed the report at a conference in Beijing, China. China may draw on the report's recommendations to prepare for the 2008 Summer Olympics.

The Board's Environmental Health Committee has launched an initiative to raise awareness of health impacts from the built environment. Over the next few years, the Board will work to improve communication and cooperation between the public health community and architects, urban planners, and others engaged in designing our physical environment.

[PAGES 14-15]

Membership

Consumers

Keith Higman is the Environmental Health Director for Island County Health Department and has worked in the field of environmental health for over 11 years.

Mel Tonasket served on the Colville Confederated Tribal Council (he has been a member for 19 years) and was formerly chairman of the School Board for Paschal Sherman Indian School in Omak.

Elected City Officials

The Honorable David R. Crump, Ph.D., a child psychologist, is a Liberty Lake City Council Member and chair of the Spokane Health District Board.

Elected County Officials

The Honorable Mike Shelton, Vice Chair, has served as Island County Commissioner since 1993 and, as a commissioner, has also served as a member of the Island County Board of Health.

Department of Health

Mary Selecky is secretary of the Washington State Department of Health and former administrator of Northeast Tri-County Health District.

Health and Sanitation

Charles R. Chu, D.P.M., a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association.

Ed Gray, M.D., is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee.

Frankie T. Manning, R.N., M.P.H., is the Associate Director of Nursing Service at the Department of Veterans Affairs Puget Sound Health Care System.

Karen VanDusen is the Director of Environmental Health and Safety at the University of Washington.

Local Health Officers

Kim Marie Thorburn, M.D., M.P.H., Chair, is Spokane County's health officer and has directed the Spokane Regional Health District since 1997.

Board Staff

Craig McLaughlin, M.J., Executive Director

Lonnie Peterson, Public Information Officer
Desiree Day Robinson, Executive Assistant
Ned Therien, R.S., Health Policy Advisor
Tara Wolff, M.P.H., Health Policy Advisor

[SIDEBAR]

2006 Meeting Schedule

January 11, Tumwater

February 8, Tumwater

March 8, Tumwater

April 12, Spokane

May 10, SeaTac

June 14, Kennewick

July 12, TBD

August 9, SeaTac

September 13, Tumwater

October 12, Yakima

November 8, TBD

December 13, SeaTac

Meetings in italics are tentative. Meeting dates and locations are subject to change. See www.sboh.wa.gov for updates.

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[STATE SEAL]

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